

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

20545

1. PLACE OF DEATH

County Jackson

Registration District No. 32

File No. 2211

Township Kanawha

Primary Registration District No. 1

Registered No. 2211

City Kanawha City

(No. R. B. General Hospital)

St. Ward

Ward

2. FULL NAME

Roman Rogers

(a) Residence, No. 2125 Birch
(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Sept 23-1898

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

35

8

24

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Kanawha City
Massachusetts

13. NAME

Juachin Rodriguez

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mexico

15. MAIDEN NAME

Conception Ayala

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mexico

17. INFORMANT (ADDRESS)

Recard Clark
R. B. General Hospital

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Marys Cem. DATE June 20 1934

19. UNDERTAKER (ADDRESS)

Peter B. LaBrosse
338 Garfield St. E. Mo

20. FILED

6 1934 M. M. Grove
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

6-17-1934

22. I HEREBY CERTIFY, That I attended deceased from

6-14-1934 to 6-17-1934

I last saw him alive on 6-17-1934 Death is said

to have occurred on the date stated above, at 1:50 A.M.

The principal cause of death and related causes of importance were as follows:

Hypostatic Broncho-
pneumonia

Date of onset

acute (denatured) alcoholic
poisoning

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

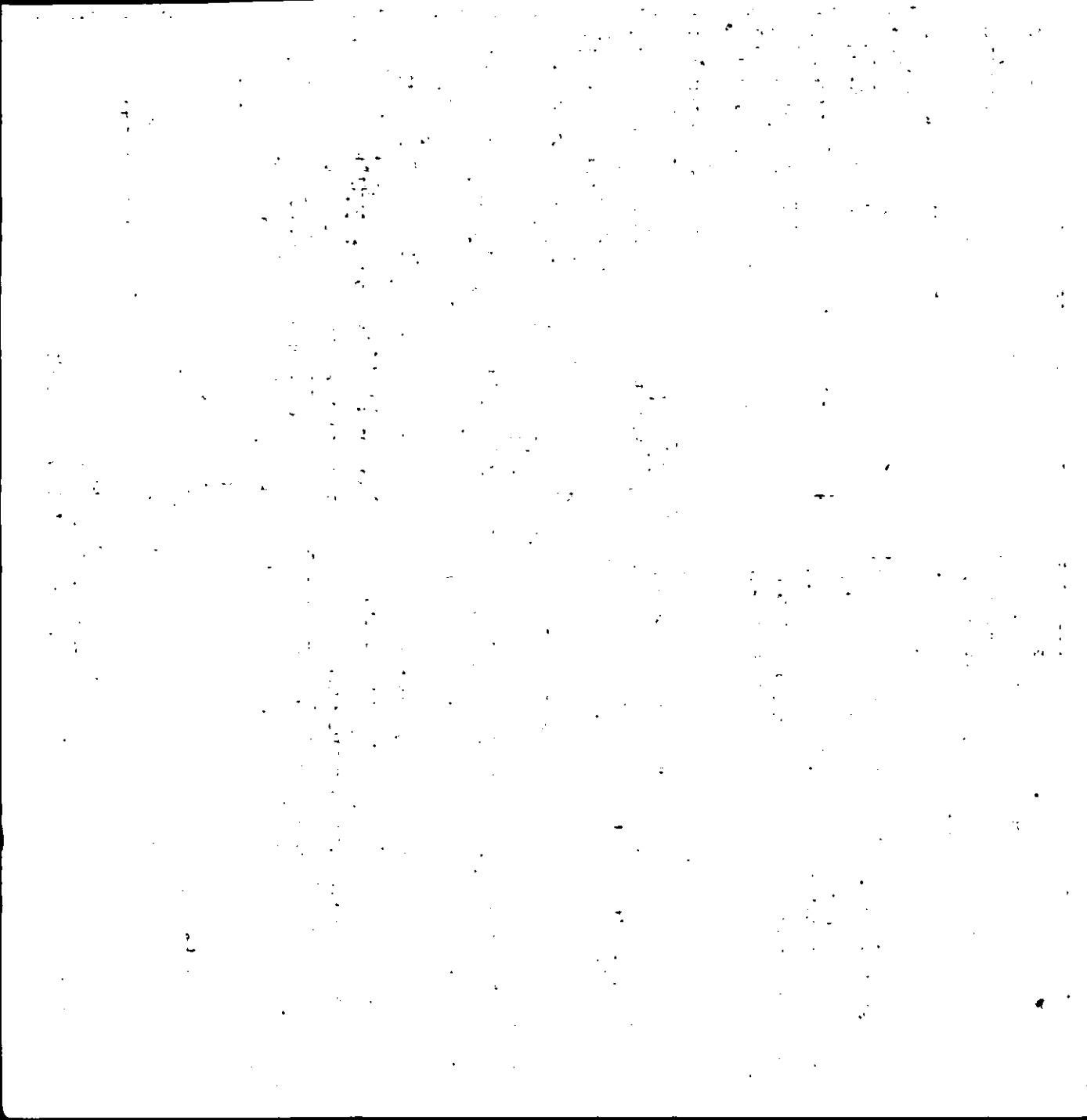
24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. D.

(Address)



Kansas City

20545

2711

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Roman Rogers
Who died at _____ on June 17 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex M Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 35 Months 8 Days 24

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Hy phosphate Broncho pneumonia
Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) _____
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____
Principal cause of death: _____

Other contributory causes of importance ac denatured alcohol
Name of operation _____ Date of poisoning (accidental)
What test confirmed diagnosis? _____ Was there an autopsy? _____
If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____
(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician J. H. Jennett
Address of physician 5 Supt Gen Hosp
X Signature of Registrar M. M. Cron Date filed 6/19/34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No.

Primary Reg. Dist. No.

Very truly yours,

E. T. McGaugh
State Registrar

Special Agent.

1934

S-20545

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